

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>HL</i>		<i>6/19/01</i>
O.I.P.E. CLASSIFIER		<i>48</i>	<i>6/26/01</i>
FORMALITY REVIEW	<i>H.S.</i>	<i>866</i>	<i>08-13-01</i>
RESPONSE FORMALITY REVIEW	<i>SP</i>	<i>1027</i>	<i>11-19-01</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
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